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CONFIRMATION NO. 5657

<b>SERIAL NUMBER</b> 10/560,509	<b>FILING or 371(c) DATE</b> 08/29/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> PZ0386		
<b>APPLICANTS</b> Duncan Hiscock, Buckinghamshire, UNITED KINGDOM; Ben Newton, Buckinghamshire, UNITED KINGDOM; Benedicte Guilbert, Buckinghamshire, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/05003 11/26/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0327494.1 11/26/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/30/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LEAH H SCHLIENTZ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Amersham Health Inc IP Department 101 Carnegie Center Princeton, NJ 08540 UNITED STATES						
<b>TITLE</b> Novel imaging agents						
<b>FILING FEE RECEIVED</b> 1580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		